

Branch Office _____

Branch Code No.:

Ы	h	O	t	O

Please affix a recent passport size photograph

Date	day month					ION FORM Account holder/			J	
	ady mondi	,	•			ctors Separately)				
A.	Customer ID No.:			I I	-	ave any A/c at El	=	∕es ∏ No		
	(To be filled by Bank)					perate any A/c at	t EBL \	es No	(if Yes Please mention)	
В.	Customer Name: 1	fitle Code Mr./l	Mrs./Ms./Ma	aster		Middle Name		Last	Name	
С.	Marital Status:	Married		Single		Others	(Specify):			
D.	Date of Birth: B	S day month	year	Al	D L day	month y	ear			
E.	Residence Status:	Resident	NRN [Indian		Foreigner (if yes	s, specify)	US	Non US	
F.	Nationality:			_						
	Citizenship No.^:			Issuing	Office	:	Issu	ed Date: _		
	Passport No*.:		_ Issuing Offi	ce :		Issued Date:	E:	xp. Date: _		
	Visa Valid till:									
								xn Date		
	(Specify with ID No.		_10001119 0111			100ded Date	<i>L</i>	лр. <i>Ва</i> сс		
	^ Incase of Nepalese citizer						Rural/Municipal	ity/Sub metro	poly/Metropoly	
	*Detail of Passport is not necessary to Nepalese Citizen who is not holding the Address: Permanent			riolaling the p	Passport. Communication			Name of Employer		
u.	Addiess.	i eimai	IGIIL			erent from Permane	nt)	Name of Employer (if employed)		
	House No./Marg/Road :				(ii dinorone nonn cimanone)					
	City/Tole	:								
	Municipality/Rural Munic	pipality:								
	Ward No.	:								
	District Zone/Province	:					 -			
	Country									
	Phone No.	:								
	Mobile No.	:					 =			
	Fax	:								
	Email	:								
н.	Details of Landlord/Landlady (incase of residing in Rental House):									
		Name:								
	Address:Landline No./Mobile No.:									
ī.	Family Details*:									
	S.No. Relation		Name		S.No.	Relation		Nam	е	
	1. Spouse				7.	Daughter				
	2. Father				8.	Daughter				
	3. Mother				9.	Daughter in Law	/			
	4. Grand Father	·			10.	Daughter in Law	/			
	5. Son	<u> </u>			11.	Father in Law				
	6. Son					married woman)	1			
	*Citizenship Details of a member is required in ca			who have	already	expired and separa	ted as per lav	v, copy of c	itizenship of family	
	Religion:	Hindu	Buddhist	Mus	lim 「	Christian	Others	(specify):		

K.		ational Qualification:						
		elow SLC SLC	10+2 Graduate		aduate Do	octorate	Others (Spec	ify)
L. Occupation Type (Tick appropriate box): Salaried Govt. NGO Pvt. Public				¬				
	Self E	mployed: Doctor Er	ngineer CA T	eachingA	griculture	Business	Others (Spec	cify)
M.		Purpose of Account:						
		aving Foreign Exchar	<u> </u>		y Roll Re	mittance	Others (Spec	cify)
N.		e of Fund/Income: (Mo alary Business Incom		pted) Rental Inco	ma Datura	on Investme	nt Others (Specify)
		, <u> </u>	e	herital incol	ille heturii	On investme	ItOthers (Specify)
0.	Total Annual Income: Upto Rs. 1 Lacs Upto Rs. 5 Lacs Upto Rs. 10 Lacs Upto Rs. 25 Lacs More than Rs. 25 Lacs						n Rs. 25 Lacs	
P.	Expe	cted Annual Transaction	n in Amount։ 🗌 Սբ	oto Rs. 1 Lacs	More th	nan Rs. 1 La	acs: Rs	Lacs
Q.	Total Annual Transaction No. (Expected):							
	Le	ess than 50 transaction	Less than	100 transacti	ion	More th	an 100 transa	ction
R.		ou or your any family m	•	exposed per				
	N ₁						ement:	
s.		u have Beneficial owne	er? No	Yes (If yes, S	specify & prov	ide Benefic	ial owner)
т.	PAN I [PAN N	No.: o. is required where the persor	n has already obtained P	AN No.]				
U.	Assoc	ciated Business/Profes	sion, if any:		.			
	S.No.	Name of Institute	Address	Designation	Tel No.	Er	Email ID	
	1.							
	2.							
	3.							
	<u> </u>							
V.	Deali	ng with other Banks, if a	any:					
		Name of the Bank and E	Branch	Saving A/c			being availed	Others
				Javing Ave	Ourient AC	OD	Terri Loan	Others
							+	
	I here	by declare that the inform	mation furnished ab	ove is true ar	nd complete.			
	Doto	, ,						
		//						
	Place	:						
			Siږ 	gnature of Cu	stomer 		LTI	RTI
FOR	BANK	S USE ONLY			Custome	r ID No.:		
Certi payr perso who	ficate, A ment ar onal acc is not h	O No. and Signature Ver Address certifying docum nd name of house owner counts), copy of Passpor naving Passport in case including Nepal Governi	nents such as copy r, address and Phor t (with valid visa) in of Indian Nationals	of land owner ne No. in cas case of forei s. Employee i	rship certificat e of person re gners and lett Identity Card	te, Receipt of esiding in re er of registra in case of t	of drinking wa ented building ation from Inc the person w	ter/electricity (for opening lian Embassy
lf No,	, give the	e reasons and when it will	be receive:					
EB-19		hecked	Verifie	d/Authorized b	У	(Branch Ma Incase of 'C' C	